CITY OF SAN ANTONIO



Citizen Incident Report

Citizen Injury _____ POV Collision* (*Not Involving COSA Vehicle) Other Incident Type _____

MUST be completed and submitted to Risk Management						
within one business day of notice of incident.						
ED (DEPARTMENT SUPERVISO						
Name (Last, First, M.I.):	2. Date of Birth:		17. Date of Inciden			

DEPT. CODE # (Required) **FOR RISK MGMT USE**

				mess day of notice of				
PERSON(S) INVOLVED (DEPARTMENT SUPERVISOR TO COMPLETE)				DENT/INJURY IN				
1. Involved/Injure	ed Persons Name	e (Last, First, M.	1.):	2. Date of Birth:	17. Date of Incident/Injury:	18. Time of Inciden		treet Conditions:
				(mm/dd/yyyy): / /	(mm/dd/yyyy): / /	AM		Wet Icy
3. Sex	4 Is Involved	/Injured perso	n a minor?	5. Involved/Injured's age:	20. Address/Location where			
J. JCA	4. 13 111001000,	/injured perso	ii a iiiiiioi :	5. involved/injured 3 age.	20. Address/ Location where	inclucint/injury occurr	cu.	
F M	Yes	No						
6. Mother/Guard	ian's Name: NA	\	7. Father/Gu	uardian's Name: NA	21. Specific location (stairwe	ll, lobby, etc) at addr	ess where Incider	nt/Injury occurred:
8. Involved's hom	ne/primary phon		ents' home/p ther	orimary phone numbers: NA	22. Reported by whom:			
() -		() -	() -	23. Describe Incident: (Additi	onal space available o	n reverse side.)	
10. Involved/Injur	red's home addr	ress:						
11. Involved/Injur	red's marital sta	tus:						
NA Sing	le Marrie	ed Divo	rced V	Vidowed Unknown				
12. Emergency Co				ency Contact/primary phone #:				
				, , , , ,				
		1	(-		,		
14. Were there a	ny witnesses:	15. List witn	esses' names	and phone numbers:	24. If Injured is a minor, were	they supervised?	25. If Yes, By wh	hom? (Name of person?)
Yes No					Yes No NA	UNK	<u> </u>	
					26. Type of Incident (S/T/F, Jur	mping From/To, Running/	Walking, Vehicle Co	llision, Bike Riding, etc):
NA Unkno	wn							
					27. Nature of Injury: No Inju	ury 28. If First	t-Aid was provide	ed, by whom: NA
					First-Aid Provided Other			
16. Other importa	ant information	about involved	d/injured, pa	rent(s), guardian(s), etc.	29. Part(s) of Body Injured: N		of Injury (Circle th	nat apply): NA
•				,,,,			inch Sprain Burr	
					24.11		ss Consciousness (
					31. Was an ambulance called Yes No NA	: 32. If Yes,	, By whom: NA _	
					33. Did the injured party seel	medical attention:	34 If Yes pro	vide date: NA
					Yes No NA		2 co, pro-	
					35. If Medical Treatment was	administered, provid	e clinic or doctor	name (if known):
					NA Unknown Clin	וני / טטננטו		

Complete below if incident relates to Citizens Vehicle (POV) Accident/Collision

(POV struck COSA employee, struck and damaged COSA property, and/or similar)

CITIZEN/POV COLLISION						
36. POV Collision with (Struck):	37. SAPD R	esponded:	38. SAPD Acc	ident Report Completed:	39. Case #	
COSA Employee(s) With COSA property Other	Yes	No	Yes	No		
40. Name(s) of Citizens Also Involved in Collision: (Use box 16 above if needed)			onding Officer's	Name:	42. Responding Officer's Badge #:	
43. Brief Description of Incident: (Provide photos of incident, damage, etc Add	itional chaco	AA Driof	Dossription of I	niury(s) or Proporty Damas	70.	
, , , , , , , , , , , , , , , , , , , ,	itional space	44. Brief Description of Injury(s) or Property Damage:				
available on reverse side.)		(If COSA	employee injur	ed, Supervisor to complete	e "Supervisor Report of Injury or Illness")	
45. Name of Owner/(Driver) of Vehicle: License Plate # Driver's	License #	45. Own	er's/Driver's Ph	one Number:		
47. Insurance Company Name and Phone Number:	•	48. Polic	Number:	•	•	
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AAANA OFIAFINIS CORRECTIVE ACTION					
MANAGEMENT'S CO					
49. What factors contributed to the incident and/or injury?	50. What action will you take or recommend for preventing similar incidents or injuries?				
51. Print Supervisor's Name:	52. Supervisor's Phone Number: (Office & City Cell if applicable) Office () - City Cell () -				
53. Department and mailing address:	54. Name of Business and Address:				
	City of San Antonio				
	111 Soledad, Suite 1000				
San Antonio, TX (Zip Code)	San Antonio, TX 78205				
55. Person completing report (Print):	56. Phone number of person completing report:				
57. Signature of person completing report:	58. Date of Signature:				
SEND COPIES OF THIS REPORT TO: Dept. Mgr. Safety C	oordinator <u>EMAIL: RiskMgmt@sanantonio.gov</u>				
DISTRIBUTION	N OF REPORT				
59. Department Director/Manager:	60. Date				
CONTINUED FROM – Box	x 23. Describe Incident:				
FOR RISK MANAGEMENT'S USE					